

JUL - 9 2009

BY
DEPUTY CLERK

Prison Id. No. 269223 IN CLERK'S OFFICE

Prison Id. No. 129364 U.S. DISTRICT COURT
MID. DIST. TENN.

(List the names of all the plaintiffs filing this lawsuit. Do not use “et al.” Attach additional sheets if necessary.)

Civil Action No. **3 09 MC 0154**
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☒ Yes ☐ No

BEN SWEAT Name

(List the names of all defendants against whom you are filing this lawsuit. Do not use “et al.” Attach additional sheets if necessary.)

STATE OF TENNESSEE
TRPC

2. In what court did you file the previous lawsuit? USDC MIDDLE DIST.

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? 3:03-CV-00426

4. What was the Judge's name to whom the case was assigned? TODD J. CAMPBELL

5. When did you file the previous lawsuit? 3/17/03 (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? DISMISSED - CASE CLOSED,

7. When was the previous lawsuit decided by the court? 06/03 (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? METRO DAVIDSON COUNTY DETENTION FACILITY;
5115 HARDING PLACE, NASHVILLE, TN 37211

B. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

N/A

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

☐ Yes ☒ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? N/A

2. What was the response of prison authorities? N/A

G. If you checked the box marked "No" in question II.E above, explain why not. N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? I have filed several informal resolutions, grievances, and numerous request forms. Attached

2. What was the response of the authorities who run the detention facility? They're indifferent to my cause, hatred and animosity

L. If you checked the box marked "No" in question II.I above, explain why not. N/A

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Calvin D. Strange, Jr.

Prison Id. No. of the first plaintiff: 269223

Address of the first plaintiff: 5115 Harding Place, Nashville TN 37211. (CCA MDCDF)

(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: N/A

Prison Id. No. of the second plaintiff: N/A

Address of the second plaintiff: N/A

(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Laery Sterba

Place of employment of the first defendant: Canteen Correctional Service (CCA MDCDF) 5115 Harding Place, Nashville TN 37211

The first defendant's address: 5115 Harding Place Nashville, TN 37211

Named in official capacity? ☒ Yes ☐ No

2. Name of the second defendant: BEN SWEAT

Place of employment of the second defendant: Canteen Correctional Service, (CCA MDCDF)

The second defendant's address: 5115 Harding Place Nashville - TN 37211

Named in official capacity? ☒ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

① The complaint is being filed, as a result of food deprivations and the conditions the Kosher foods are being served, and the manner the foods are being served. The kitchen staff on more than one occasion has distributed, moldy, rotten, dirty foods in open and unwrapped containers, the containers have had dirt and hair in them, other foods have been served smashed and busted open (onions and oranges). The Tomatoes, onions, green peppers have been served moldy and rotten, Broccoli has been served dried up and shriveled, Salad being served covered in slime and brown oranges brown and moldy and rotten, Bread dried out hard and stale, with BLUE Mold growing on it, Boiled Eggs burnt and uneatable, or under cooked where the yolk was still liquid, cucumbers old and wrinkled and limber, in other situations foods were served in open containers, just in the tray, I've shown this to several MDCHF Staff members (list provided).

② The living conditions are substandard, we have a 7'x15' cell with a toilet, separate sink, a mounted stone table and chair with 3 beds a 2 man bunk bed and a single separate bed, (see diagram). we are fed in our cells, we have no room to move. These are built as two man cells originally. The single bunks were added later, we are overcrowded in the facility and the cell structure is inadequate.

③ Medical - medical treatment is substandard, we are not treated by the standards of care provided by modern science, I have 6 herniated discs and have to suffer the pain associated with them, Dr Stewart will only prescribe me 650 mgs of Tylenol.

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. ALL DEFENDANT WILL BE PROHIBITED TO WORK IN THIS CAPACITY AGAIN
- B. ONE MILLION DOLLARS FOR EACH COMPLAINT PER DEFENDANT
- C. KOSHER DIET TRAYS AND MENU CORRECTED
- D. MEDICAL ORDERED TO USE MODERN CARE AND MEDICINES
- E. LIMIT (BY COURT ORDER) TO TWO MAN CELLS,

F. I request a jury trial. ☒ Yes ☐ No

DEFENDANTS

BRIAN KOEHN, WARDEN "MDCDF"
CORRECTIONS CORPORATION OF AMERICA
10 BURTON HILLS BLVD
NASHVILLE, TN. 37215

NAMED IN OFFICIAL CAPACITY ONLY

MICHAEL CORLEW, ASSISTANT WARDEN
10 BURTON HILLS BLVD
NASHVILLE, TN. 37215

DR. BILL STEWART, M.D.
CORRECT CARE SOLUTIONS
CCA "MDCDF" DOCTOR
5115 HARDING PLACE, NASHVILLE, TN. 37211

MS. HEIDI MEYERS, DIETICIAN
CANTEN CORRECTIONAL SERVICE
CCA "MDCDF" DIETICIAN
5115 HARDING PLACE, NASHVILLE, TN. 37211

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Carmen D. Strawn Date: 7/06/2009

Prison Id. No. 0269223

Address: 5115 Harding Place, Nashville, TN 37211

(Include the city, state and zip code.)

Signature: Steven Holt Date: 7/06/2009

Prison Id. No. 150519

Address: 5115 HARDING PLACE, NASHVILLE, TN 37211

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: [Signature] (Julien Jordan) Date: 7/6/09
Prison Id. No. 333345
Address: 5115 Harding place Nashville, TN 37211

(Include the city, state and zip code.)

Signature: [Signature] (Russel Frohmuth) Date: 7/6/09

Prison Id. No. 119760

Address: 5115 Harding Place Nashville, TN 37211
AFTER AUGUST 8, 2009, 1054 ZOPH ST, Nashville, TN 37216
(Include the city, state and zip code.)

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ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

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VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Hollis Ramsey (HOLLIS RAMSEY) Date: 7/06/2009

Prison Id. No. 260712

Address: 5115 HARDING PLACE, NASHVILLE TN. 37211

(Include the city, state and zip code.)

Signature: Charles S. Huddleston Jr. Date: 7/06/2009

Prison Id. No. 129364

Address: 5115 HARDING PLACE, NASHVILLE, TN. 37211

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.